

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

SERIAL NO.	09/913752	FILING DATE
APPLICANT(S)		

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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49					
50					
TOTAL IND.		2	2	2	
TOTAL DEP.		13	13	15	
TOTAL CLAIMS	13	13	15	15	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS